Conclusions

Lack of information and difficulties making or keeping appointments were among the top three barriers reported for both core and supportive services.

- Waiting times also ranked highly for core services.
- Lack of services close to survey respondents also ranked highly for supportive services.

For Further Study

It is impossible to administer a survey to all 18,109 PLWHA in the Houston HSDA. The NAG made many attempts to reach a representative sample of the PLWHA population – however, the following populations and service-related issues warrant further examination in future studies, projects and needs assessments:

IDU – Injection drug users living with HIV are a difficult population to target. Additional resources and dedicated time is required to identify and gather information from this population; however, there are little data existing for this population, so an increased understanding of the experiences and needs of this population would be well worth the additional resources and time required.

The Out-of-Care – The unmet need framework for the Houston EMA estimates approximately 7,000 (38%) PLWHA who meet the HRSA definition of out-of-care. This population is, for obvious reasons, a difficult population to reach – for that reason, the out-of-care should be a prioritized population in terms of future research or other projects.

White MSM – as with the previous Needs Assessment, white MSM were under-sampled in the current Needs Assessment. A future study might explore whether white MSM tend to receive primary medical care from private physicians, rather than publically funded Ryan White clinics, where most client surveys were administered.

Informational Barriers – A deeper exploration of factors that might explain why "I don't know where to get the services," or lack of information, remains a barrier for PLWHA would be useful when planning for services. Some examples of probing questions could include:

- Sources of information (i.e., resource guides, case managers, friends, media, etc);
- Decision-making processes when accessing services;
- The nature of the information needed – where to go? operating hours? phone number?

Experiences making or keeping appointments – clarification on the specific problems related to making or keeping appointments. For example, are the difficulties making appointments due to filled schedules at agencies, or simply getting through to a staff person over the phone? Are the problems keeping appointments due to transportation-related barriers, or personal obstacles such as conflicting work schedules, personal health issues, etc.

Alcohol Use and Abuse – Further examination of patterns in alcohol use and abuse among those living with HIV/AIDS, and how those behaviors affect utilization of services.

Blacks/African-Americans – Further study of the HIV/AIDS trends in the Black and African American communities is needed. Blacks/African-Americans had the highest rate of new HIV and new AIDS infections (106/100,000). This is four times greater than that of Latinos (27/100,000) and almost seven times that of Whites (15/100,000). Black/African-American women make up the largest percentage of newly diagnosed women in proportions that are significantly higher than those of whites and Latinos. Black/African-American youth are disproportionately affected by HIV and AIDS.

HIV/AIDS mortality trends –There was a decrease in the number of HIV deaths between 2000 and 2001; however, from 2002 to 2003, the number of deaths showed an increase. Mortality data for 2004 showed a slight decrease in the number of deaths. Future releases of these data should be monitored for any continuing trends in HIV/AIDS mortality.